



Modalities of Communication Statement (Version 03.0)

Date of submission:	10/05/2022
SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS	
Title of the project/programme of activities:	Fertinal Nitrous Oxide Abatement Project
Project/programme of activities reference number: <i>(if available)</i>	2585
SECTION 2: NOMINATION OF FOCAL POINT ENTITY/IES	
Notes: <ul style="list-style-type: none"> · Sole Focal Point authority - An authorized signatory of <u>ONLY the entity listed below is required</u> to sign for communication related to the corresponding scope of authority. · Shared Focal Point authority - An authorized signatory <u>ANY of the entities listed below is required</u> to sign for communication related to the corresponding scope of authority. · Joint Focal Point authority - Authorized signatories of <u>ALL entities listed below are required</u> to sign for communication related to the corresponding scope of authority. 	
Name of entity: Impulso Ecológico y Desarrollo Sustentable S.A. de C.V.	
Address: Laguna de Mayran 258 Col. Anahuac Sección 1 Deleg Miguel Hidalgo 11320 Mexico Mexico	
This entity is nominated as a focal point with the authority to:	Sole Shared Joint
(a) Communicate in relation to requests for forwarding of CER	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
(b) Communicate in relation to requests for addition and/or voluntary withdrawal of project participants and focal points, as well as changes to company names, legal status, contact details and specimen signatures	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
(c) Communicate on all other project or programme related matters not covered by (a) or (b) above	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
Contact details (primary authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Fajer Flores	Telephone 1:
First name: Antonio	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>
Last name: Gomiciaga de la Peña	Telephone 1:
First name: Ingrid	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Is this entity changing its name?	No
Former entity name, if applicable:	
Is this entity also a project participant?	Yes
If the entity is also a project participant, do the same signatories represent it in its project participant role?	Yes
Name of entity: ALLCOT AG	

Address: Bahnhofstrasse 10 CH-6300 Zug Switzerland			
This entity is nominated as a focal point with the authority to:	Sole	Shared	Joint
(a) Communicate in relation to requests for forwarding of CER			X
(b) Communicate in relation to requests for addition and/or voluntary withdrawal of project participants and focal points, as well as changes to company names, legal status, contact details and specimen signatures			X
(c) Communicate on all other project or programme related matters not covered by (a) or (b) above			X
Contact details (primary authorized signatory):	Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>		
Last name: García	Telephone 1:		
First name: Mercedes	Telephone 2 (optional):		
Email:	Fax (optional):		
Specimen signature:	Date (dd/mm/yyyy):		
Contact details (alternate authorized signatory):	Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>		
Last name: De Oliveira	Telephone 1:		
First name: Mary	Telephone 2 (optional):		
Email:	Fax (optional):		
Specimen signature:	Date (dd/mm/yyyy):		
Is this entity changing its name?	No		
Former entity name, if applicable:			
Is this entity also a project participant?	Yes		
If the entity is also a project participant, do the same signatories represent it in its project participant role?	Yes		